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Family caregiving: What are the consequences?

by *Martin Turcotte*

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| .. | not available for any reference period |
| ... | not available for a specific reference period |
| ... | not applicable |
| 0 | true zero or a value rounded to zero |
| 0 ^o | value rounded to 0 (zero) where there is a meaningful distinction between true zero and the value that was rounded |
| P | preliminary |
| r | revised |
| x | suppressed to meet the confidentiality requirements of the <i>Statistics Act</i> |
| E | use with caution |
| F | too unreliable to be published |
| * | significantly different from reference category ($p < 0.05$) |

Family caregiving: What are the consequences?

by Martin Turcotte

Overview of the study

What types of caregivers provide the most hours and kinds of care? Which ones are the most likely to experience various consequences associated with family caregiving? This article compares the different types of family caregivers, based on the relationship with their primary care receiver.

- In 2012, 8 million Canadians, or 28% of the population aged 15 and over, provided care to family members or friends with a long-term health condition, a disability or problems associated with aging.
- Among these family caregivers, 39% primarily cared for their father or mother, 8% for their spouse or partner, and 5% for their child. The remaining (48%) provided care to other family members or friends.
- Among regular caregivers—those who spent at least 2 hours caregiving each week—38% of those who helped their child, 34% who helped their spouse and 21% who helped their parents reported feeling depressed. Those who cared for a spouse or child also reported more health and psychological problems, mainly because of the intensity of care provided.
- Among regular caregivers, 28% who cared for a child and 20% who cared for a spouse experienced financial difficulties as a result of their caregiving responsibilities. This proportion was 7% among those who regularly helped their parents.
- In 2012, 30% of caregivers of children received government financial assistance, compared with 14% of caregivers of spouses and 5% of caregivers of parents. However, 52% of caregivers of children, 42% of caregivers of spouses and 28% of caregivers of parents would have liked more help than they received.

Introduction

Most people will, at some point in their life, help a family member or friend with a long-term health condition, disability or problems related to aging. Providing care has many benefits. In addition to reducing the social costs associated with health services and institutionalization, it also benefits the care receiver, allowing them to remain at home and maintain a better quality of life.

However, at times there can also be negative consequences, especially for caregivers. These include the impact on their physical and mental health and their participation in the labour force, pressures on

their personal finances, and reduced time available for other activities.¹ Employers and governments may also be impacted, notably because of absenteeism, lost productivity and reduced tax revenues.

A number of Canadian studies have focused on family caregivers 45 years of age and over, particularly those providing care to aging parents.² However, fewer studies provide information about caregivers of all ages who help or provide long-term care to their spouse or partner (hereafter referred to as 'spouse'), child, parent, extended family, or friend.

Family caregiving: What are the consequences?

This study uses new data to shed light on all family caregivers aged 15 and over in Canada. First, this article takes a brief look at family caregivers—particularly the intensity and type of care provided—based on their relationship to their care recipient.

Second, it examines data on the many consequences associated with caregiving responsibilities. Are some types of caregivers more likely than others to experience psychological, social or financial consequences? If so, why?

Statistics Canada's most recent source of information on family caregivers is the 2012 General Social Survey on Caregiving and Care Receiving (see *Data sources and definitions*). Family caregivers are defined as people aged 15 and over who responded that they had, in the previous 12 months, either provided help or care to a person with a long-term health condition or a physical or mental disability, or with problems related to aging.

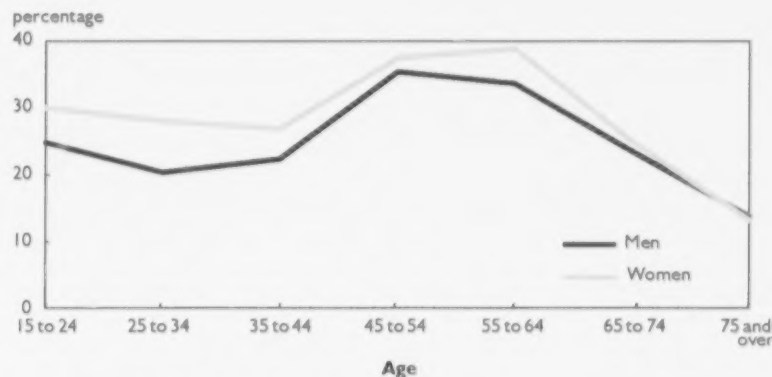
Nearly 3 in 10 people are family caregivers

In 2012, slightly more than 8 million Canadians, or 28% of people aged 15 and over, had provided help or care to a relative or friend with a chronic health problem (help for short-term sickness is excluded).

As shown in previous studies, family caregivers were more likely to be women: 30% of women reported that they provided care in 2012, in comparison with 26% of men. However, the magnitude of the gap between male and female caregivers varied across age groups (Chart 1).³

Who did these family caregivers help? Roughly 4 in 10 caregivers aged 15 and over, or approximately 3.1 million people, had provided care

Chart 1 People who provided help or care, by age and sex, 2012



Sources: Statistics Canada, General Social Survey, 2012.

primarily to their father or mother during the previous year—27% to their mother and 11% to their father, while 19% cared for a parent-in-law or another family member (excluding spouses, children and grandparents), 16% helped a close friend or neighbour, 13% a grandfather or grandmother, 8% their spouse and 5% their child (always for a long-term health problem or disability).

The type of relationship between the primary care receiver and the family caregiver varied according to the age of the caregiver (Chart 2). For example, the likelihood of providing care to one's spouse, or to a friend or neighbour, increased with the age of the caregiver. In the 45-to-64 age group, which was strongly represented among family caregivers, approximately half were providing care primarily to their mother or father.

The type of health problem requiring care varied depending on the relationship between the caregiver and the recipient. Among family caregivers providing care primarily to their parents, 30% reported

that the health problem was aging or frailty. Next came cardiovascular disease (12%), cancer (11%) and Alzheimer's or dementia (7%) (Table 1). Cancer was most frequently cited (17%) by those caring for their spouse, followed by cardiovascular disease (11%) and other neurological diseases (9%).

Parents providing care to their child stood out the most in terms of health their care receiver's problems: 23% cared for a child with mental illness (depression, bipolar disorder, manic depression or schizophrenia); 22% cited developmental problems or disabilities; and 14% reported other neurological diseases (such as Parkinson's, multiple sclerosis, spina bifida and cerebral palsy).

A full-time job for some

The relationship with the care receiver, as well as the health problem, also has an impact on the amount of time spent caregiving. In general, those caring for their child or spouse spent more hours providing care than others.

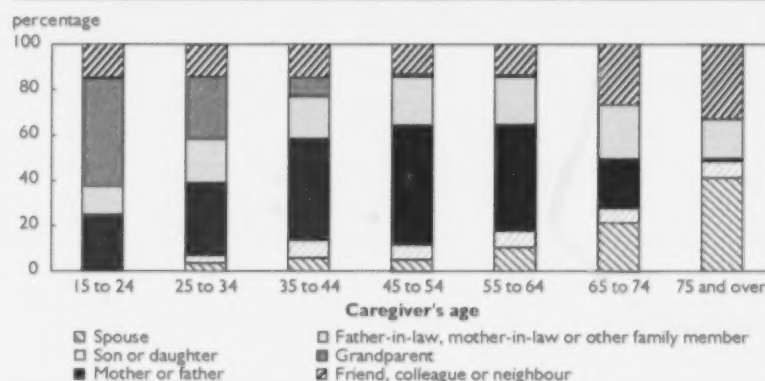
Family caregiving: What are the consequences?

Thus, in 2012, the median number of hours family caregivers spent caring for their father or mother was 4 hours per week (Table 2). The median for a parent-in-law or other relative was 3 hours. In comparison, caring for a child required 10 hours of commitment per week, and caring for a spouse, 14 hours.⁴

Some caregivers provided care on a basis equivalent to a full-time job: 31% of those caring for their spouse and 29% of those caring for their child had done so for 30 hours or more per week. In contrast, this was the case for 7% of those caring for their father or mother and an even lower proportion for other types of caregivers.

Consequently, family caregivers whose primary care receiver was their child or spouse (14% of caregivers) accounted for 36% of all hours provided by family caregivers, or approximately 84 million hours per week.⁵ On the other hand, people caring for their parents (39%

Chart 2 Primary care receiver, by caregiver's age, 2012



Source: Statistics Canada, General Social Survey, 2012.

of caregivers) accounted for 35% of all hours of care provided by family caregivers per week.

It must be noted that the majority of family caregivers who provided care to their spouse (95%) or child (68%) lived in the same home as the care receiver. In comparison, 24%

of those caring for their father or mother shared the same home and the proportion was even smaller for other caregivers. Spouses and children were, therefore, the most likely to benefit from shared living arrangements with their caregiver.

Table 1 Main reasons why family caregivers provide care to their primary care receiver, by relationship to primary care receiver, 2012

Reasons	Primary care receiver					
	Grandparent	Friend, neighbour or colleague	Father-in-law, mother-in-law or other family member	Father or mother	Spouse	Son or daughter
First	Aging / frailty (56%)	Aging / frailty (27%)	Aging / frailty (25%)	Aging / frailty (30%)	Cancer (17%)	Mental health problems ¹ (23%)
Second	Alzheimer's or dementia (8%)	Cancer (13%)	Cancer (13%)	Cardiovascular disease ² (12%)	Cardiovascular disease ² (11%)	Developmental problem or disability (22%)
Third	Cancer (8%)	Mental health problems ¹ (11%)	Cardiovascular disease ² (9%)	Cancer (11%)	Other neurological disease ³ (9%)	Other neurological disease ³ (14%)
Fourth	Cardiovascular disease ² (7%)	Cardiovascular disease ² (8%)	Mental health problems ¹ (8%)	Alzheimer's or dementia (7%)	Mental health problems ¹ (7%)	Injury resulting from an accident (6%)

1. For example, depression, bipolar disorder, manic depression or schizophrenia.

2. Including angina, heart attack, infarction and hypertension.

3. For example, Parkinson disease, multiple sclerosis, spina bifida and cerebral palsy.

Source: Statistics Canada, General Social Survey, 2012.

Family caregiving: What are the consequences?

Those providing care to their spouse or child also carried out a greater number and variety of tasks. Some activities, for example, visits or phone calls to check on the person

and providing emotional support, were performed by the vast majority of caregivers. Other tasks—personal care and medical treatments for example—are sometimes more

onerous and were carried out by fewer caregivers. Of the nine types of tasks listed in the survey, 41% of people caring for their spouse and 34% of those caring for their child

Table 2 Characteristics of family caregivers, by relationship to primary care receiver, 2012

	Primary care receiver					
	Grandparent	Friend, neighbour or colleague	Father-in-law, mother-in-law or other family member	Father or mother	Spouse	Son or daughter
	percentage					
Sex						
Men	44	46	46	47	50	35
Women	56	54	54	53	50	65 [*]
Number of hours of care or help per week						
1 hour or less	39 [*]	35 [*]	26	23	10 [*]	10 ^{††}
2 to 4 hours	35	37 [*]	35	32	17 [*]	18 [*]
5 to 9 hours	12 [*]	15 [*]	17	19	13 [*]	14 [*]
10 to 29 hours	13 [*]	10 [*]	16	19	29 [*]	29 [*]
30 hours or more	F	3 ^{††}	6	7	31 [*]	29 [*]
	hours					
Number of hours of care (median)	2	2	3	4	14	10
	percentage					
Distance between family caregiver and primary care receiver						
Same dwelling	12 [*]	4 [*]	16 [*]	24	95 [*]	68 [*]
Less than 30 minutes by car	64 [*]	82 [*]	58 [*]	50	4 [*]	20 [*]
Between 30 minutes and less than 3 hours by car	16	12 [*]	20	19	F	9 [*]
3 hours or more by car	7	2 ^{††}	5 [*]	8	F	3 ^{††}
Types of care or help provided to primary care receiver¹						
Transportation	25 [*]	30 [*]	36 [*]	41	63 [*]	65 [*]
Meal preparation, cleaning, dishes	31 [*]	19 [*]	31 [*]	37	77 [*]	58 [*]
Interior or exterior house maintenance	21 [*]	13 [*]	15 [*]	26	52 [*]	14 [*]
Personal care	8 [*]	7 [*]	10 [*]	15	39 [*]	36 [*]
Medical procedures or treatments	9 ^{††}	6 [*]	10 [*]	14	43 [*]	37 [*]
Organization of or managing care (e.g., making appointments)	4 ^{††}	5 [*]	9 [*]	12	27 [*]	30 [*]
Banking, paying bills or managing finances	3 ^{††}	3 ^{††}	7 [*]	13	33 [*]	14
Visit or phone call to ensure everything was fine	97 [*]	91 [*]	96 [*]	99	100 [*]	100
Emotional support	83 [*]	84 [*]	87 [*]	92	96 [*]	97 [*]
Caregivers providing at least 7 types of services²	6 ^{††}	5 [*]	10 [*]	21	41 [*]	34 [*]
Family caregiver...						
Is considered the primary caregiver by the primary care receiver	9 [*]	24 [*]	28 [*]	46	96 [*]	76 [*]
Believes he or she had no option but to be caregiver	22 [*]	19 [*]	37 [*]	49	69 [*]	74 [*]

^{*} significantly different from reference category (father or mother) at $p < 0.05$

[†] use with caution

F too unreliable to be published

1. At least once per week.

2. Out of a possible 9 types of services.

Note: Some totals might not add up to 100 due to rounding.

Source: Statistics Canada, General Social Survey, 2012.

had performed seven or more. In comparison, 21% of those caring for their parents had done so, as had 10% or less of the rest of caregivers.

In addition to spending more hours and performing more specialized tasks (medical treatments for example), those caring for their spouse or child were more likely to be considered the primary caregiver. They were also more likely to say that they had no choice but to take on their caregiving responsibilities (3 in 4 of those caring for a child, compared with about 1 in 5 among those caring for a grandparent, friend or colleague).

Psychological consequences

Having too many tasks and responsibilities when caring for a family member or friend can be a major source of stress, especially when caregivers feel they lack the resources to meet the needs of their care receiver.⁶ What are the physical, psychological and social consequences of providing care to someone with a long-term health problem, disability or aging needs?

The General Social Survey (GSS) asked 'regular' family caregivers about the impact their caregiving responsibilities had on their lives.⁷ Regular caregivers are defined as those who provided at least 2 hours of care per week.

Regular caregivers who cared for their spouse or child—and, to a lesser extent, those who cared for their own parents—were more likely to report signs of psychological distress than other caregivers (Table 3). For example, 34% of regular caregivers who primarily cared for their grandfather or grandmother felt worried or distressed because of their responsibilities; this was the

case for 60% of those caring for their father or mother, 74% of those caring for their spouse and 82% of those who primarily provided care to their child. Also, 38% of regular caregivers of a child and 34% of those of a spouse reported feeling depressed as a result of their caregiving responsibilities, compared with 21% of those providing care to their parents.

People caring for a spouse or child were also more likely to have felt angry or irritable, unhappy, alone or isolated and to have experienced sleep problems because of their responsibilities. These differences can be explained by the fact that people caring for a spouse or child spend more hours providing care, perform more tasks and more often are considered the primary caregiver by the recipient (see *Explaining the gaps between types of caregivers*).

In addition, many caregivers report multiple signs of psychological distress. In fact, more than one-quarter of all regular caregivers reported 5 or more such symptoms out of a possible 9. However, the proportion of caregivers with this level of psychological distress varied substantially—it was the case for 8% of those who cared for their grandfather or grandmother, 30% of those who helped their father or mother, 46% of those who looked after their partner, and 51% of those who provided care to their own child (Chart 3).

Health consequences

Several studies have highlighted the relationship between family caregiving and psychological and physical health problems, and found that the intensity of the care is associated with a greater impact on the caregiver's health.⁸

Regular caregivers to children or spouses were more likely than others to report health consequences (Table 3).⁹ They were also more likely to have sustained an injury and to have seen a medical professional for health problems resulting from carrying out their tasks (34% of those caring for their child and 33% of those caring for their spouse, compared with 18% of those caring for their father or mother). They were also more likely than other caregivers to have been prescribed medications to cope with their responsibilities.

People providing care to their parents—the most common type of caregiver—were also the most numerous needing health services: out of 1 million regular family caregivers who consulted a medical professional as a result of their caregiving responsibilities, 402,000 were caring for their parents; 175,000, their spouse; and 120,000, their child.

Financial and professional consequences

Many family caregivers must incur out-of-pocket expenses associated with their responsibilities. For some, this financial commitment is not inconsequential, since it can have an impact on disposable income and personal savings.¹⁰ The most common expenses, incurred by more than half of regular caregivers, were related to providing transportation, travel and accommodation.

For some types of expenses, those regularly caring for a spouse or child stood out from others. For example, they were four times more likely than caregivers to parents to have reported expenses for professional or rehabilitation services (Table 4). Also, while 52% of those caring for

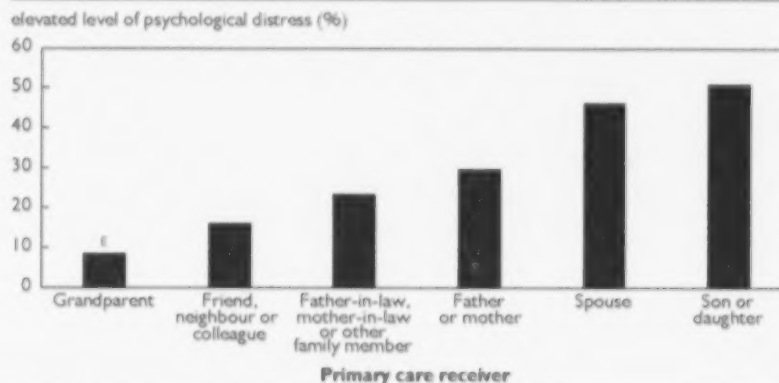
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a spouse and 42% caring for a child had spent money on medications, only 11% of caregivers to parents had done so.

Not surprisingly, the amounts spent varied considerably depending on the relationship between caregiver and recipient. For example, 16% of caregivers to grandparents spent at least \$500 on out-of-pocket expenses, compared with 41% of those caring for parents and 76% caring for children. Nearly half of the parents providing care to their children spent \$2,000 or more during the past 12 months.

These additional expenses can create serious financial pressures. In 2012, among family caregivers, 28% of

Chart 3 People who care for or help their spouse or child are the most likely to have an elevated level of psychological distress



¹ use with caution

Source: Statistics Canada, General Social Survey, 2012.

Table 3 Symptoms of psychological distress and health consequences associated with regular family caregiving,¹ 2012

	Primary care receiver					
	Grandparent	Friend, neighbour or colleague	Father-in-law, mother-in-law or other family member	Father or mother	Spouse	Son or daughter
	percentage					
Symptoms of psychological distress						
In relation to caregiving responsibilities ²						
Tired	26 *	37 *	48 *	56	72 *	74 *
Worried or anxious	34 *	39 *	51 *	60	74 *	82 *
Overwhelmed	20 *	21 *	35	37	48 *	57 *
Alone or isolated	4 ^E	10 *	11 *	18	38 *	41 *
Angry or irritable	17 *	21 *	33 *	42	47	56 *
Unhappy	8 ^E	14 *	18 *	21	28 *	30 *
Depressed	6 ^E	13 *	16 *	21	34 *	38 *
Loss of appetite	7 ^E	8 *	10 *	14	18 *	20 *
Sleep problems	16 *	22 *	30 *	36	55 *	58 *
Health consequences						
Overall health suffered	5 ^E	11 *	14 *	22	38 *	38 *
Responsibilities physically strenuous	F	27 ^E	39	33	32	55 *
Has consulted a health professional for own health problems associated with caregiving responsibilities ²	7 ^E	13 *	15	18	33 *	34 *
Has suffered injuries while caregiving	F	3 ^E	2 ^E	6	8	14 *

* significantly different from reference category (father or mother) at $p < 0.05$

^E use with caution

F too unreliable to be published

1. Family caregivers who provided 2 hours or more of care or help per week.

2. In the last 12 months.

Source: Statistics Canada, General Social Survey, 2012.

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those caring for a child, 20% of those caring for a spouse and 7% of those caring for a parent reported financial hardship because of their caregiving responsibilities. Of those caring for a child, 10% even had to borrow money from friends or family, and 12% had to take out a loan from a financial institution.

In addition to financial difficulties, many caregivers must combine their caregiving duties with professional obligations, which may result in loss of hours and a reduction in productivity.¹¹

As might be expected, those who provided care to their child or spouse had the most difficulty reconciling caregiving responsibilities with professional obligations. For example, they were substantially more likely than others to have taken leave three or more times (sometimes for several consecutive days) because of their responsibilities (Chart 4).

Labour market participation was also lower among those caring for their child. Among these, 27% had no job the previous week, compared with 9% to 20% for other caregivers.¹² In

addition, among regular caregivers who had not worked in the previous 12 months, 34% of those caring for their child reported that their responsibilities had prevented them from holding a job, compared with approximately 10% of family caregivers caring for their father or mother.

Resources available for family caregivers

Various policies and programs, such as renovation credits, respite services, practical advice and emotional support, can facilitate

Table 4 Financial consequences associated with regular family caregiving,¹ 2012

	Primary care receiver					
	Grandparent	Friend, neighbour or colleague	Father-in-law, mother-in-law or other family member	Father or mother	Spouse	Son or daughter
	percentage					
Incurred caregiving expenses (not reimbursed)						
Dwelling modifications	F	7 ^{E*}	10	12	13	16
Professional or rehabilitation services	F	3 ^{E*}	4 ^{E*}	5	20 [*]	23 [*]
Hiring of people to help with daily activities	F	2 ^{E*}	5	5	11 [*]	10 ^{E*}
Transportation, travel, accommodation	39 [*]	50	52	54	48 [*]	67 [*]
Specialized devices or equipment	F	F	7	9	22 [*]	23 [*]
Prescription and non-prescription drugs	5 ^{E*}	7 ^{E*}	7 [*]	11	52 [*]	42 [*]
Amount spent over the year on various expenses (not reimbursed)						
\$0	58 [*]	46 [*]	38	37	23 [*]	17 [*]
\$1 to less than \$500	27	34 [*]	25	22	15 [*]	7 ^{E*}
\$500 to less than \$2,000	11 ^{E*}	14 [*]	22	23	23	29 [*]
\$2,000 or more	5 ^{E*}	6 [*]	15 [*]	18	38 [*]	47 [*]
	dollars					
Total median amount spent						
All caregivers (including those with no expenses)	0	50 [*]	175 [*]	240	1,040 [*]	1,700 [*]
Family caregivers who incurred expenses	300 [*]	300 [*]	600 [*]	890	1,900 [*]	2,310 [*]
	percentage					
Finances over the last 12 months						
Experienced financial difficulties associated with caregiving	F	3 ^{E*}	6	7	20 [*]	28 [*]
Borrowed money from family or friends	F	1 ^{E*}	2 ^E	2	7 [*]	10 ^{E*}
Borrowed from a bank or financial institution	F	F	3 ^E	2 ^E	7 [*]	12 [*]
Depleted or deferred savings	F	2 ^{E*}	4	5	15 [*]	21 [*]
Changed spending habits	F	3 ^{E*}	6	6	19 [*]	27 [*]

* significantly different from reference category (father or mother) at $p < 0.05$

¹ use with caution

F too unreliable to be published

1. Family caregivers who provided 2 hours or more of care or help per week.

Source: Statistics Canada, General Social Survey, 2012.

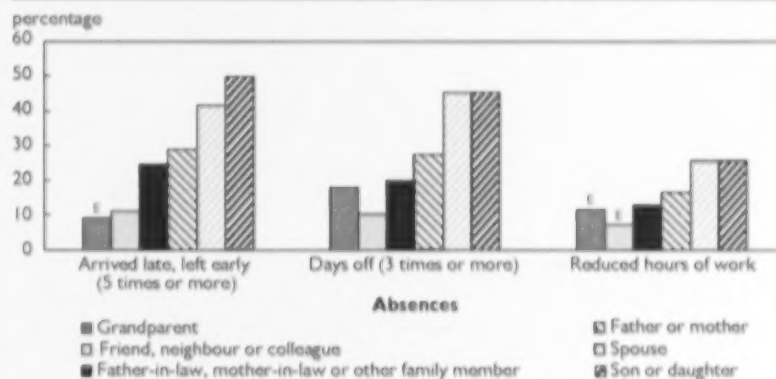
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the work of family caregivers. Also, intervention strategies designed to reduce stress, depression and other negative consequences for caregivers have been implemented by public health and social work experts. According to some studies, such interventions benefit not only family caregivers, they are also beneficial to care receivers (for example, by reducing the need to resort to institutionalization of the recipient immediately).¹³

The above results show that those caring for their child or spouse are the most likely to experience the consequences associated with their caregiving responsibilities, followed by those caring for their father or mother (who account for the largest share of family caregivers). Are these family caregivers getting more support?

The great majority of caregivers received help from family members or friends to fulfill their role

Chart 4 Among employed family caregivers of a spouse or child, 1 in 4 had reduced hours of work due to caregiving responsibilities



Source: Statistics Canada, General Social Survey, 2012.

(Table 5).¹⁴ However, they weren't as likely to get respite care or financial support. In 2012, a minority of family caregivers received a federal tax credit for which caregivers may be

eligible—that was the case for 3% of the 3.1 million family caregivers who provided care to their parents. In comparison, 28% of those who cared for their child received this federal tax credit.

Table 5 Types of support received by family caregivers and perception of that support, 2012

Type of support	Primary care receiver					
	Grandparent	Friend, neighbour or colleague	Father-in-law, mother-in-law or other family member	Father or mother	Spouse	Son or daughter
	percentage					
Respite services	15	9*	15	13	16	24*
Help from other family members or friends to fulfil duties	98*	92	95*	93	65*	91
Financial support from family and friends	24*	9	10	11	10	16*
Financial support from government programs	5 [†]	3 [†]	4 [†]	5	14*	30*
Federal tax credits for which caregivers could be eligible	F	1 [†]	4 [†]	3	10*	28*
Perception of support received						
More assistance is needed to provide care than is being received	10*	13*	19*	28	42*	52*

* significantly different from reference category (father or mother) at $p < 0.05$

[†] use with caution

F too unreliable to be published

Source: Statistics Canada, General Social Survey, 2012.

Family caregivers who cared for their child were also more likely to have received various forms of public support. For example, 30% of them received money from government programs, compared with 14% of those caring for a spouse and 5% of those caring for a parent.

Even though family caregivers who cared for their child or spouse were proportionally more likely to receive public support, they were also more likely to have unmet needs. When asked whether they needed more types of help than they were receiving, 52% of those caring for a child and 42% of those caring for a spouse said yes. In comparison, this was the case for 28% of those caring for a parent and 13% of those caring for a friend, colleague or neighbour.

Finally, although programs available to caregivers vary from one region of Canada to another,¹⁵ the proportion of regular caregivers who had received money from a government program or a federal tax credit showed little variation from one province to another.

Conclusion

In Canada, many people care for a family member or friend with a long-term health condition, disability or aging-related problem. Even though this caregiving is generally considered beneficial because of the savings achieved and the well-being of the care recipients, taking on such responsibilities can have consequences for caregivers. In particular, those who care for their child or spouse are more likely than others to be experiencing difficulties as a result of their tasks. In addition, they are more likely, because of their caregiving responsibilities, to experience psychological consequences, health effects, pressures on their personal finances and possible consequences in their career. Although they are more numerous, caregivers of older parents may be less burdened on average, but many of them still experience psychological consequences resulting from caregiving.

In the context of an aging population, lengthening life expectancy and the increasing prevalence of chronic illnesses, the demand for family caregivers will continue to grow.¹⁶ Various demographic trends, for example, fewer children per family in the aging baby boomer generation than in their parent's generation, might influence the characteristics of family caregivers.¹⁷

The results of this study also highlight the difficult situation of family caregivers who care for a sick child, which will remain of public interest in the coming years. The issue of family caregivers will therefore continue to be of interest to decision makers, health professionals and the general public.

Martin Turcotte is a senior analyst in the Labour Statistics Division, Statistics Canada.

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Data source and definitions

Data source

General Social Survey (2012): The 2012 General Social Survey (GSS) was conducted on a sample of 23,093 people. This study focuses on the 9,304 respondents who were family caregivers (primarily the 9,190 respondents who reported the nature of the relationship between them and the main person to whom they had provided care during the year).

Definitions

Family caregivers: People aged 15 and over who responded that, in the previous 12 months, they had either a) provided help or care to a person with a long-term health problem or a physical or mental disability or b) provided help or care to a person with aging-related problems.

This help could take various forms: transportation to go shopping; meal preparation or housework; assistance with outdoor work; help with personal care (taking a bath, getting dressed, using the toilet, etc.); medical care (changing dressings or taking medications); organization or planning of care; and management of the care recipient's finances. People who reported that they had cared for a person but not engaged in any of these activities are not considered family caregivers.

Type of caregiver (according to primary care receiver): Family caregivers are categorized according to the nature of their relationship to the primary person for whom they cared in the previous 12 months. This is because a family caregiver could, for example, have primarily cared for his or her spouse but also cared for a parent during the year.

Regular caregivers: Family caregivers who provided 2 or more hours of care per week to a person with a chronic health problem. In the GSS, such people were only asked about the various consequences (psychological, health-related, work-related and financial) they experienced as a result of their caregiving responsibilities.

Expenses incurred as a caregiver: In the 2012 General Social Survey, family caregivers were asked whether they had incurred various expenses as a result of all their caregiving responsibilities. They were told that these were to be expenses that were not reimbursed. Respondents were asked to report only additional costs associated with caregiving responsibilities and not usual costs, for example, those related to sharing the same dwelling.

Explaining the gaps between types of caregivers

How to explain the fact that regular caregivers who care for their child or spouse are the most at risk of psychological distress or health, financial and work consequences? To address this question, regression models can be used to take different factors, especially the level of intensity of the care provided (i.e., the number of hours per week) and the number of tasks performed for the care recipient into account. The following variables are also considered: the number of years of care provided to the recipient, the health problem for which the caregiver is providing care, whether the caregiver is considered the primary caregiver, the tasks carried out as well as other characteristics.

When all these factors were held constant, the gaps between types of caregivers were much smaller in all models (Table A.1). For example, in the case of psychological distress, disregarding other factors, the probability that caregivers of children would express a high level of psychological distress was 21 percentage points higher than for regular caregivers of a parent (and 16 percentage points higher for those caring for a spouse). However, when all other factors were taken into account, this gap narrowed to 6 percentage points (both for those caring for a spouse and for a child).

In other words, the fact that those caring for a spouse or child were more likely to have greater symptoms of psychological distress is largely due to certain risk factors specific to their role (greater number of hours, diversity of tasks, primary caregiver).

With regard to consequences on health and reduction of work hours, the gaps between types of caregivers were narrowed even more when all of the other factors were taken into account. However, even after accounting for these factors, family caregivers who cared for a child always spent more than all other types of caregivers.

Explaining the gaps between types of caregivers (continued)

Table A.1 Regression models, predicted probabilities and marginal effects, 2012

	Increased symptoms of psychological distress	Consequences on overall health	Total annual caregiving-related expenses (Tobit model)	Reduced work hours ¹
	predicted probability		marginal effect	predicted probability
Relationship between recipient and family caregiver (without controls)				
Grandparents	0.08*	0.05*	-2,038*	0.13
Friends, neighbours or colleagues	0.16*	0.11*	-2,327*	0.08*
Father-in-law, mother-in-law or other family member	0.23*	0.14*	-540	0.13*
Father or mother	0.30	0.22	ref.	0.17
Spouse	0.46*	0.38*	2,182*	0.25*
Son or daughter	0.51*	0.38*	3,049*	0.25*
Relationship between recipient and family caregiver (with controls)				
Grandparents	0.15*	0.10*	-1,185*	0.18
Friends, neighbours or colleagues	0.21*	0.14*	-396	0.10*
Father-in-law, mother-in-law or other family member	0.26	0.16*	-53	0.13
Father or mother	0.28	0.21	ref.	0.16
Spouse	0.35*	0.26*	858	0.19
Son or daughter	0.34*	0.25	2,021*	0.21
Number of hours of care or help per week				
2 to 4 hours	0.20	0.13	ref.	0.11
5 to 9 hours	0.27*	0.19*	419	0.16*
10 to 29 hours	0.32*	0.24*	1,298*	0.20*
30 hours or more	0.34*	0.26*	1,980*	0.19*
Number of types of tasks performed				
3 or less	0.15	0.13	ref.	0.10
4	0.22*	0.16	838*	0.12
5	0.25*	0.18*	1,314*	0.16*
6	0.30*	0.22*	2,705*	0.17*
7	0.34*	0.23*	2,612*	0.20*
8	0.39*	0.25*	4,002*	0.15
9	0.47*	0.31*	6,643*	0.27*
Provided care to at least one other person				
No	0.25	0.18	ref.	0.14
Yes	0.30*	0.22*	1,017*	0.17*
Family caregiver is considered primary caregiver by primary care receiver				
No	0.23	0.16	ref.	0.15
Yes	0.31*	0.22*	627	0.16
Main health problem for which recipient received care				
Mental health, Alzheimer's or dementia, developmental problem or disability				
No	0.25	0.19	ref.	0.15
Yes	0.37*	0.24*	782	0.18
Cancer				
No	0.26	0.19	ref.	0.14
Yes	0.35*	0.23*	278	0.24*

Explaining the gaps between types of caregivers (continued)

Table A.1 Regression models, predicted probabilities and marginal effects, 2012 (continued)

	Increased symptoms of psychological distress	Effects of care on overall health	Total annual caregiving-related expenses (Tobit model)	Reduced work hours ¹
	predicted probability		marginal effect	predicted probability
Sex of family caregiver				
Male	0.19	0.13	ref.	0.16
Female	0.33*	0.24*	-1,080	0.15
Receives care or assistance in addition to providing it				
No	0.26	0.19	ref.	0.16
Yes	0.35*	0.27*	262	0.11

* significantly different from reference category (ref.) at $p < 0.05$

1. Only includes caregivers who are working.

Note: The other variables included in the models, but not presented in the table were related to duration of care provided to recipient, caregiver's age, the caregiver being responsible for child care in addition to caregiving, recipient dying within the last 12 months, main activity during the last 12 months, household income (expense model), and job category (reduced work hours model).

Source: Statistics Canada, General Social Survey, 2012.

Another finding is that, for caregivers, caring for a person with a mental health problem or Alzheimer's particularly increased the risk of being highly distressed, as shown by other studies.¹ Women, caregivers caring for at least one other person, caregivers who were considered the primary caregiver, those caring for a person with cancer and those receiving care themselves were also more likely to experience an elevated level of psychological distress. However, family caregivers who looked after children in addition to looking after their parents or other adults (referred to as the "sandwich generation" in some studies²) were no more likely to experience a high level of psychological distress than others.

Finally, in all models, the number of hours of care and the number of types of care provided were both associated with a higher risk of incurring one of the four consequences evaluated. However, having provided care for a longer period was not an especially influential factor.

Notes

1. See Tremont 2011; Pinquart and Sörensen 2003; Ory et al. 1999. Other studies have also shown that when mental health problems coexist with depression and physical health problems, the consequences for the caregiver can be even greater (see, for example, Teri 1994).
2. See Williams 2004.

Notes

1. For example, various studies have shown that a large proportion of family caregivers often had to take time off work and work fewer hours (see Keating et al. 2013), often experienced stress and might put their own health at risk (see Pinquart and Sörensen 2013; Schulz and Sherwood 2008), and had to take on immediate and longer-term financial costs (see Keating et al. 2013).
2. See, for example, Cranswick and Dosman 2008, and Pyper 2006.
3. For details on the characteristics of family caregivers, see Sinha 2013.
4. In general, women provided more hours of care than men when the recipient was their partner (a median of 15 hours versus 10 hours for men) or their child (14 hours versus 10 hours for men). When the recipient was the caregiver's father or mother, the gap between men and women was smaller.
5. Approximately 2% of family caregivers reported that they had provided 100 or more hours of care or help to their care recipients. These caregivers substantially raised the total number of hours provided per week.
6. See Schulz and Martire 2004.
7. In other words, the questions on the repercussions experienced by caregivers were not asked to those who provided 1 hour or less of help or care each week (24.5% of family caregivers) or to those who were unable to declare their number of caregiving hours (4.7%).
8. See Schulz and Sherwood 2008.
9. A multivariate analysis showed, as was the case for psychological distress, that the differences in types of caregivers were largely the result of the fact that the intensity of care provided varied greatly, the caregivers of grandparents generally provided fewer hours and types of care, the caregivers of partners and children were called upon the most, and the caregivers of parents fell between the two.
10. See Keating et al. 2013.
11. See Fast et al. 2013.
12. Employment results are based on caregivers aged 25 to 54 to focus on those least likely to be affected by education and retirement decisions.
13. See Schulz and Martire 2004 for a review of some of these studies.
14. In this section, caregivers who provided less than 2 hours of care are also included.
15. See Bernier and Grignon 2012.
16. According to projections, the number of seniors who will need help or care will double in the next 30 years. At the same time, the number of senior women with no surviving children will increase substantially (see Carrière et al. 2008).
17. See Keefe 2011.

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